

# Mississippi Corporate Income and Franchise Tax Return 1999

WCA

For Year Beginning  and Ending  Business Activity Code Number: (Mississippi Activity) 

Name		Telephone		Federal I. D. Number	
Mailing Address					
City	State	Zip +4	County Code		

**FILING STATUS**

Check All That Apply:	<input type="checkbox"/> Final Return (File Form 83-375)	<input type="checkbox"/> Amended Return (See instructions for NOL Carrybacks)	<input type="checkbox"/> Short Year Return	<input type="checkbox"/> Address Change (See Instructions)
Check One:	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> LLC Reporting as a Corporation	<input type="checkbox"/> Other: _____	

**FRANCHISE AND INCOME TAX**

1. Taxable Capital (From Form 83-110, Line 17)	1	\$	<input style="width: 90%;" type="text"/>								
2. Franchise Tax Due (From Form 83-110, Line 20) <b>Minimum tax of \$25.</b>			<input style="width: 90%;" type="text"/>								
3. Is this corporation is included in a Mississippi Consolidated or Combined Income Tax Return?:											
<table style="width: 100%;"> <tr> <td style="width: 10%;">a. <input type="checkbox"/></td> <td style="width: 40%;">Consolidated (Sec. 27-7-37(2)(a)(i))</td> <td style="width: 40%;">If checked, enter <b>Name</b> and <b>FEIN</b> of the</td> <td style="width: 10%;"></td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td>Combined (Sec. 27-7-37(2)(a)(ii))</td> <td>Reporting corporation below:</td> <td></td> </tr> </table>				a. <input type="checkbox"/>	Consolidated (Sec. 27-7-37(2)(a)(i))	If checked, enter <b>Name</b> and <b>FEIN</b> of the		b. <input type="checkbox"/>	Combined (Sec. 27-7-37(2)(a)(ii))	Reporting corporation below:	
a. <input type="checkbox"/>	Consolidated (Sec. 27-7-37(2)(a)(i))	If checked, enter <b>Name</b> and <b>FEIN</b> of the									
b. <input type="checkbox"/>	Combined (Sec. 27-7-37(2)(a)(ii))	Reporting corporation below:									
Name <input style="width: 450px;" type="text"/>	5	\$	<div style="border: 1px solid black; padding: 2px;">FEIN</div> <div style="background-color: black; color: white; text-align: center; padding: 2px;">Whole Dollars Only</div> <input style="width: 90%;" type="text"/>								
4. Mississippi Net Taxable Income (If Loss, enter Zero) (From Form 83-122, Line 27 or Form 83-310, Column C, Line 3)	6	\$	<input style="width: 90%;" type="text"/>								
5. Total Income Tax (See Instructions)			<input style="width: 90%;" type="text"/>								
6a. Ad Valorem Tax Credit (From Form 83-401, Sch. A or Form 83-310, Column B, Line 3a)	22	\$	<input style="width: 90%;" type="text"/>								
6b. Other Credits (From Form 83-401, Line H or Form 83-310, Column B, Line 3b)			<input style="width: 90%;" type="text"/>								
7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b)			<input style="width: 90%;" type="text"/>								
8. Total Franchise and Income Tax Due (Line 2 Plus Line 7)			<input style="width: 90%;" type="text"/>								
9. Interest and Penalty on Underestimated Income Tax Payments (Attach Form 83-305)	26	\$	<input style="width: 90%;" type="text"/>								
10. Total of Lines 8 and 9			<input style="width: 90%;" type="text"/>								

**PAYMENTS and TAX DUE**

11. Overpayments from Prior Year			<input style="width: 90%;" type="text"/>
12. Estimated Tax Payments and Payments with Extensions			<input style="width: 90%;" type="text"/>
13. Total Payments (Line 11 Plus Line 12)			<input style="width: 90%;" type="text"/>
14. If Line 10 is Larger than Line 13, Enter <b>Balance Due</b> (Line 10 Minus Line 13)			<input style="width: 90%;" type="text"/>
15. <b>Late Payment- Interest @ 1% Per Month and Penalty @ 1/2% Per Month</b> (See Instructions)	29	\$	<input style="width: 90%;" type="text"/>
16. Amount Paid with this Return (Line 14 plus Line 15) Payable to MSTC <b>AMOUNT PAID</b>	31	\$	<input style="width: 90%;" type="text"/>
17. If Line 13 is Larger than Line 10, Enter Amount of <b>Overpayment</b> (Line 13 minus Line 10)			<input style="width: 90%;" type="text"/>
18. <b>Amount of Overpayment (Line 17) to be Refunded</b> REFUND	33	\$	<input style="width: 90%;" type="text"/>
19. <b>Amount of Overpayment (Line 17) to be Credited to Next Year</b>	34	\$	<input style="width: 90%;" type="text"/>

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Mail To: **Office of Revenue**  
**P.O. Box 23050**  
**Jackson, MS 39225-3050**

\_\_\_\_\_  
Officer's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Officer's Title( )  
Tax Department Phone\_\_\_\_\_  
Paid Preparer's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Preparer's Social Security Number or PTIN( )  
Preparer's Telephone Number\_\_\_\_\_  
Firm's Name (or yours if self-employed) and Address\_\_\_\_\_  
ZIP Code\_\_\_\_\_  
Paid Firm's Identification Number or PTIN

# Mississippi Corporate Income and Franchise Tax Return 1999

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## Corporate Information

1. DBA \_\_\_\_\_ 2. County locations in Mississippi \_\_\_\_\_
3. Principal business activity in Mississippi \_\_\_\_\_ 4. Principal business activity everywhere \_\_\_\_\_
5. Principal product or service in Mississippi \_\_\_\_\_ 6. Principal product or service everywhere \_\_\_\_\_
7. Contact person for this return \_\_\_\_\_ 8. Contact person's location and phone \_\_\_\_\_ ( ) \_\_\_\_\_

9. If amended return, check reason:

- ☐ Mississippi correction only ☐ Amended Federal Form 1120X or Form 1139 (attach copy) ☐ Federal RAR (attach applicable copies) ☐ Other: \_\_\_\_\_

10. If final return, check reason and enter date effective: \_\_\_\_\_ Date \_\_\_\_\_

- ☐ Dissolving Mississippi Corporation ☐ Non-Mississippi Corporation Withdrawing from State ☐ Sold ☐ Merged

☐ Other : \_\_\_\_\_

If you checked Sold or Merged, provide the following:  
New company or owner's name and address

\_\_\_\_\_ FEIN \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

Former owner's forwarding address

\_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

11a. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?

If Yes, attach Mississippi Form K-1(s).

☐ Yes ☐ No

11b. Is this corporation the owner/member of a single member LLC doing business in Mississippi?

☐ Yes ☐ No

12. Has the corporation filed amended federal returns in the last three years?

If Yes, list years \_\_\_\_\_

☐ Yes ☐ No

13. Has the IRS made any changes to your taxable income in the last three years?

If Yes, list years \_\_\_\_\_

☐ Yes ☐ No

14. If Line 12 and/or Line 13 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS?

☐ Yes ☐ No

## List of Officers - This Schedule MUST be Completed

President: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership Percentage \_\_\_\_\_ %

Salary \_\_\_\_\_

Vice President: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership Percentage \_\_\_\_\_ %

Salary \_\_\_\_\_

Treasurer: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership Percentage \_\_\_\_\_ %

Salary \_\_\_\_\_

Secretary: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership Percentage \_\_\_\_\_ %

Salary \_\_\_\_\_